



CHAUTAUQUA COUNTY SHERIFF'S OFFICE GENERAL ORDER

BY ORDER OF: Sheriff Joseph A. Gerace	EFFECTIVE DATE: 11/27/2012	CORRECTIONS: 700.51
	SECTION: Medical	
REPLACES:	TOPIC: Suicide Prevention	

700.51: Suicide Prevention

Policy: The Medical and Mental Health Unit and Correctional Staff will follow the facility's written plan for suicide prevention.

Purpose: To make sure that every effort will be made to prevent suicidal gestures and attempts in the facility through constant surveillance and vigilant monitoring on the part of all Health Service Staff and Correctional Personnel.

Standards:

ACA Adult Local Detention Facilities 3rd Edition (3-ALDF)

4E-34

New York State Commission of Correction – Minimum Standards

7010, 7013

New York State Sheriff's Association

Standard 157

National Commission on Correctional Health Care

J-G-05

Procedures:

700.51.01 Plan Components

1. The Suicide Prevention Plan will include, at a minimum to following components:
 - a. Identification
 - b. Training
 - c. Assessment
 - d. Monitoring
 - e. Housing Referral
 - f. Communication
 - g. Intervention
 - h. Notification
 - i. Reporting
 - j. Review

700.51.02 Identification

1. The receiving screening is the first opportunity for assessing each inmate's potential for suicide by asking specific questions regarding current suicidal ideations and history of previous attempts.
2. If the inmate is assessed as being at risk for suicide, the receiving officer will notify the nursing staff and arrange for housing that affords a suicide watch for the inmate.
3. The Shift Supervisor will follow up to ensure that appropriate housing and watch have been initiated.
4. Inmates who are assessed as being at risk for suicide at a later time by Health Service or Correctional Staff will be relocated to a housing area that affords a suicide watch.
5. All inmates who are identified as being at risk for suicide will be referred to the Psychiatrist or Mental Health Professional for evaluation at the soonest possible time.

700.51.03 Training

1. The Medical, Mental Health and Correctional Staff will be trained in all aspects of suicide prevention including the knowledge that an inmate is particularly susceptible to becoming suicidal upon admission, after adjudication, upon return from court, following bad news about a family member or significant other, after suffering from some type of humiliation or rejection and when previous depression appears to be receding.

2. All staff will initially be trained regarding recognition of verbal or behavioral signs of suicidal ideation during their orientation program. Additional training will be provided annually.
3. The following signs and symptoms of suicidal ideation should be reviewed at all training:
 - a.) Despair/hopelessness.
 - b.) Poor self image/feelings of inadequacy.
 - c.) Great concern regarding "What will happen to me".
 - d.) Past history of suicide attempt(s).
 - e.) Verbalization of a suicide plan.
 - f.) Extreme restlessness exhibited by such behavior as continuous pacing.
 - g.) Loss of interest in personal hygiene and daily activities.
 - h.) Visitation refusals that previously were accepted.
 - i.) Depressed state indicated by crying, withdrawal, insomnia, lethargy, indifference to surroundings and other people.
 - j.) Sudden drastic change in eating or sleeping habits.
 - k.) Hallucinations, delusions or other manifestations of loss of touch with reality.
 - l.) Sudden marked improvement in mood following a period of obvious depression.

700.51.04 Assessment and Referral

1. Immediately following recognition that an inmate is at risk for suicide, placement in a housing area that affords the closest monitoring (i.e. constant surveillance) is appropriate until the inmate can be further assessed by a Mental Health Professional or the Psychiatrist.
2. Upon assessment by a Mental Health Professional, the level of suicide precautions will be ordered.
3. If the facility is not equipped with housing and/or staff to maintain the inmate's safety while he/she is suicidal, transfer should be arranged to the closest facility that can offer adequate protection for the inmate.

700.51.05 Monitoring

1. The types of suicide prevention watches are as follows:

- a.) **Constant Supervision:** The uninterrupted personal visual observation of inmate(s) by staff member(s) responsible for the care and custody of such inmate(s) without the aid of any electrical or mechanical surveillance devices. Facility staff shall provide continuous and direct supervision by permanently occupying a post in close proximity to the inmate(s) under supervision which shall provide staff with: (1) a continuous clear view of all inmates under supervision; and (2) the ability to immediately and directly intervene in response to situations or behavior observed which threaten the health or safety of inmates or the good order of the facility.
- b.) **15 minute watch:** This requires 15-minute interval observations. This watch requires that the inmate be within full sight of the Correctional Officer when the 15 – minute checks are performed.
- c.) It is expected that inmates who have been on constant supervision would next be moved to 15-minute watch and then to 30-minute watches before being taken off of suicide precautions.

700.51.06 Housing

- 1. Medical / Mental Health Staff will follow the facility's plan for where inmates who are on suicidal precautions are to be housed.
- 2. Once an inmate is identified as being at risk for suicide, he/she should not be housed or left alone.
- 3. Rooms that are used for suicide watch should be made as suicide proof as possible.

700.51.07 Referrals

- 1. All inmates identified as being suicidal will be evaluated by a Mental Health Professional at the earliest possible time.

700.51.08 Communication

- 1. Daily communication must be made between designated Health Service Staff and Correctional Staff regarding the status of any inmate who is on suicide precautions.

700.51.09 Intervention

1. Anytime a suicide attempt is identified, it is treated as a medical emergency, and Health Service Staff will respond immediately. In the event of a hanging attempt, the body is supported while the inmate is gently brought to the ground. As with any medical emergency, the ABC's are the utmost importance. Every effort should be made to stabilize and/or resuscitate a patient who has attempted suicide while emergency medical support is summoned for immediate transport if necessary.

700.51.10 Notification

1. The Shift Supervisor is to immediately report all suicide attempts to the Medical Supervisor, and/or on duty Nurse, the Mental Health Staff, and the Jail Warden. The Nurse Supervisor will ensure that the Medical Authority is informed, and the Warden will notify the Sheriff.

700.51.11 Reporting

1. The Nurse Supervisor, Medical and Mental Health Staff, and Warden will participate in completing all reporting activities surrounding any suicide attempt or completion as required by the facility.
2. The Warden or Administrative Lieutenant shall initiate a Reportable Incident with the New York State Commission of Correction.

700.51.12 Review

1. As defined in the facility's suicide plan, appropriate Medical and Mental Health Staff will participate in review of suicides or attempted suicides at the request of the Warden.